U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U - 14065

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

	1 / 1 / 2004 Through: 12 / 31 / 2004	
3. Name and address of person filing.	4. Name, file number, and address of labor organization.	
Name Keith Wright	Name BAC Local #1 of Oregon	
	Labor Organization File Number 035-082	
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any	
Street :12812 NE Marx	Street 12812 NE Marx	
City Portland	City Portland	
State Oregon ZIP Code + 4 97230-1067	State Oregon ZIP Code + 4 97230-106	5 7 ,
5. Position in labor organization. President		
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):		
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization.	derived income or other economic benefit of on represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any	7.b. Amount.	-
Street	7.D. Amount.	
City		
State ZIP Code + 4		
Sign	ature	
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed Kurcht	On 8/11/2005 503-232-0358	
- / Jane Comment	Date Telephone Number	

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. 8. Name and address of Business (including trade name, if any). 9. Business deals with: Name Masonry Welfare Trust Fund a. Labor Organization Trade Name, if any: b. Trust P.O. Box, Bldg., Room No., if any c. Employer Street 9848 E Burnside Portland ZIP Code + 4 97216-2330 State Oregon 11.a. Nature of such dealing. 10. If 9.b. or 9.c. is checked give trust or employer's name. Taft-Hartley Trust Fund received contributions under Name Collective Bargaining Agreement with affiliated Union and provides benefits Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 11.b. Approximate dollar value of such dealing. \$6,760,325 City 12.a. Nature of interest held or income received. Trustee Expenses ZIP Code + 4 State (Some expenses are first paid by TPA and billed to Trust Fund - TPA is Masonry Industry Trust Administration, Inc.) 12.b. Amount. \$926

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		-
Street		•
City		
State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	

Name	of Person	Filina	Vaith	Wright
i (aiii Ç	OI I CIOON	Luny	Keith	WITGHT

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (i	ncluding trade name, if any).	9. Business deals with:	
Name Northwest Bricklaye	rs Pension Trust	a. Labor Organization	
Trade Name, if any:		b. Trust	
P.O. Box, Bldg., Room No., if any		·	
Street:9848 E Burnside	:	c. Employer	
City Portland	•		
State Oregon	ZIP Code + 4 97216-2330		
10. If 9.b. or 9.c. is checked give trust of	or employer's name.	11.a. Nature of such dealing.	
Name :		Taft-Hartley Trust Fund received contunder Collective Bargaining Agreement affiliated Union and provides benefit	with
Trade Name, if any:	:	:	
P.O. Box, Bldg., Room No., if any	•	:	
Street			
City			
State '	ZIP Code + 4	11.b. Approximate dollar value of such dealing.	\$4,660,151
		12.a. Nature of interest held or income received.	
		Trust Meeting Expenses	
		- -	
		:	•
			·
<u>.</u>		12.b. Amount.	\$237

Name of Person	Filina	Keith	Wright
THE OF THE ORDER		reru	METAIL

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).	9. Business deafs with:
Name Oregon SW Washington Mason Trades JATC	: x a. Labor Organization
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	b. Trust
Street 12812 NE Marx	c. Employer
City Portland	
State Oregon ZIP Code + 4 97230	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name ;	Taft-Hartley Trust Fund received contributions under Collective Bargaining Agreement with affiliated Union and provides benefits
Trade Name, if any:	alliliated Union and provides benefits
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	11.b. Approximate dollar value of such dealing. \$276, 343
	12.a. Nature of interest held or income received.
	Trustee Expenses
	 -
	12.b. Amount. \$217
- 	12.0. Alliouit. \$217